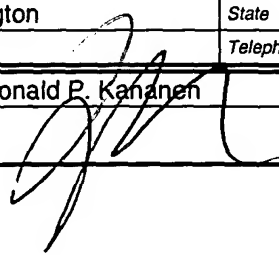


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|  |                   |  |                         |
|--|-------------------|--|-------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>  |                   | Attorney Docket No. <b>SON-1938/DIV</b>  |                         |
|  |                   | First Inventor <b>Tetsuo Urabe</b>   |                         |
|  |                   | Title <b>DISPLAY APPARATUS USING ORGANIC<br/>ELECTROLUMINESCENT ELEMENT AND<br/>MANUFACTURING METHOD THEREOF</b>   |                         |
|  |                   | Express Mail Label No. _____   |                         |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   |                   | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231  |                         |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>23</b>]</span><br/><small>(preferred arrangement set forth below)</small><br/>- Descriptive title of the invention<br/>- Cross Reference to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table,<br/>or a computer program listing appendix<br/>- Background of the invention<br/>- Brief Summary of the invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Pages <b>3</b>]</span><br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting<br/>inventor(s) named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |                   | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/><small>(if applicable, all necessary)</small><br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br/><small>(when there is an assignee)</small> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br/>Statement (IDS/PTO-1449) Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Claim for Priority<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/>Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <b>Request For Approval Of Drawing<br/>Corrections And Submission Of Corrected<br/>Formal Drawings with Three (3) sheets of<br/>red-line corrected formal drawings (Figs. 6, 7<br/>and 8)</b></p> |                         |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/711,880</b></p> <p>Prior application information: Examiner <b>G. Zimmerman</b> Group / Art Unit: <b>2879</b></p> <p><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>   |                   |  |                         |
| <b>19. CORRESPONDENCE ADDRESS</b>  |                   |  |                         |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label  |                   | <b>23353</b>   |                         |
|  |                   | <input checked="" type="checkbox"/> Correspondence address below   |                         |
| Name <b>RADER, FISHMAN &amp; GRAUER PLLC<br/>Ronald P. Kananen</b>   |                   |  |                         |
| Address <b>1233 20th Street, N.W.<br/>Suite 501</b>  |                   |  |                         |
| City   | <b>Washington</b> | State  | <b>DC</b>               |
| Country  | <b>US</b>         | Zip Code   | <b>20036</b>            |
| Telephone <b>(202) 955-3750</b>  |                   | Fax <b>(202) 955-3751</b>  |                         |
| Name (Print/Type) <b>Ronald P. Kananen</b>   |                   | Registration No. (Attorney/Agent) <b>24,104</b>  |                         |
| Signature   |                   | Date   | <b>June _____, 2003</b> |

16235 U.S. PTO  
10/608197  
06/30/03

| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>  |                   | <b>Complete if Known</b>   |  |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
|--|-------------------|--|--|--|----------------|-----------------|----------------|-----------------|----------|--------------------|----------|-----------------|----------|---------------------------------|-----|--------------------|--------|-------------------------------------|-----|------|-----|-------------------|----|--|-----|--------------|-----|------------------|-----|---------------------------|----------|----------|----------|--------------------|----------|--|-----|------|------|------------------------|------|--|----|------|--------|-----------------------------------|--------|---|-----|------|-----|---------------------------------------|----|--|----|------|-----|--|-----|---|----|------|-----|--|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                   | Application Number   | Not Yet Assigned (Divisional of U.S. Application No. 09/711,880) |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
|  |                   | Filing Date  | Herewith   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
|  |                   | First Named Inventor   | Tetsuo URABE   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
|  |                   | Examiner Name  | Not Yet Assigned   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
|  |                   | Group Art Unit   | Not Yet Assigned   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 750.00   |                   | Attorney Docket No.  | SON-1938/DIV   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)<br><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: 18-0013<br>Deposit Account Name: Rader, Fishman & Grauer PLLC<br>The Commissioner is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                   | <b>FEE CALCULATION</b> (continued)<br><br><b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;"> <b>Subtotal (1)</b> (\$) 750.00                 </td> <td colspan="2" style="text-align: right;"> <b>Subtotal (3)</b> (\$) 0.00                 </td> </tr> </tbody> </table> |  | Large Entity   |                | Small Entity    |                | Fee Description | Fee Paid | Fee Code           | Fee (\$) | Fee Code        | Fee (\$) | 1051                            | 130 | 2051               | 65     | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053         | 130 | 1053             | 130 | Non-English specification |          | 1812     | 2,520    | 1812               | 2,520    | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |    | 1805 | 1,840* | 1805                              | 1,840* | Requesting publication of SIR after Examiner action |     | 1251 | 110 | 2251                                  | 55 | Extension for reply within first month |    | 1252 | 410 | 2252   | 205 | Extension for reply within second month |    | 1253 | 930 | 2253   | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>Subtotal (1)</b> (\$) 750.00 |  | <b>Subtotal (3)</b> (\$) 0.00 |  |
| Large Entity   |                   | Small Entity   |  | Fee Description  | Fee Paid       |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Fee Code   | Fee (\$)          | Fee Code   | Fee (\$)   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1051   | 130               | 2051   | 65   | Surcharge - late filing fee or oath  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1052   | 50                | 2052   | 25   | Surcharge - late provisional filing fee or cover sheet                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1053   | 130               | 1053   | 130  | Non-English specification  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1812   | 2,520             | 1812   | 2,520  | For filing a request for <i>ex parte</i> reexamination                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1804   | 920*              | 1804   | 920*   | Requesting publication of SIR prior to Examiner action                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1805   | 1,840*            | 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1251   | 110               | 2251   | 55   | Extension for reply within first month                                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1252   | 410               | 2252   | 205  | Extension for reply within second month                                    |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1253   | 930               | 2253   | 465  | Extension for reply within third month                                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1254   | 1,450             | 2254   | 725  | Extension for reply within fourth month                                    |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1255   | 1,970             | 2255   | 985  | Extension for reply within fifth month                                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1401   | 320               | 2401   | 160  | Notice of Appeal   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1402   | 320               | 2402   | 160  | Filing a brief in support of an appeal                                     |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1403   | 280               | 2403   | 140  | Request for oral hearing   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1451   | 1,510             | 1451   | 1,510  | Petition to institute a public use proceeding                              |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1452   | 110               | 2452   | 55   | Petition to revive - unavoidable   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1453   | 1,300             | 2453   | 650  | Petition to revive - unintentional   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1501   | 1,300             | 2501   | 650  | Utility issue fee (or reissue)   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1502   | 470               | 2502   | 235  | Design issue fee   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1503   | 630               | 2503   | 315  | Plant issue fee  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1460   | 130               | 1460   | 130  | Petitions to the Commissioner  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1807   | 50                | 1807   | 50   | Processing fee under 37 CFR 1.17(q)  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1806   | 180               | 1806   | 180  | Submission of Information Disclosure Stmt                                  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 8021   | 40                | 8021   | 40   | Recording each patent assignment per property (times number of properties) |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1809   | 750               | 2809   | 375  | Filing a submission after final rejection (37 CFR 1.129(a))                |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1810   | 750               | 2810   | 375  | For each additional invention to be examined (37CFR 1.129(b))              |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1801   | 750               | 2801   | 375  | Request for Continued Examination (RCE)                                    |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1802   | 900               | 1802   | 900  | Request for expedited examination of a design application                  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Other fee (specify) _____  |                   |  |  |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>Subtotal (1)</b> (\$) 750.00  |                   | <b>Subtotal (3)</b> (\$) 0.00  |  |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: right;"><b>SUBTOTAL (1)</b> (\$) 750.00</td></tr> </tbody> </table>   |                   | Large Entity   |  | Small Entity   |                | Fee Description | Fee Paid       | Fee Code        | Fee (\$) | Fee Code           | Fee (\$) | 1001            | 750      | 2001                            | 375 | Utility filing fee | 750.00 | 1002                                | 330 | 2002 | 165 | Design filing fee |    | 1003   | 520 | 2003         | 260 | Plant filing fee |     | 1004                      | 750      | 2004     | 375      | Reissue filing fee |          | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$) 750.00                        |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Large Entity   |                   | Small Entity   |  | Fee Description  | Fee Paid       |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Fee Code   | Fee (\$)          | Fee Code   | Fee (\$)   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1001   | 750               | 2001   | 375  | Utility filing fee   | 750.00         |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1002   | 330               | 2002   | 165  | Design filing fee  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1003   | 520               | 2003   | 260  | Plant filing fee   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1004   | 750               | 2004   | 375  | Reissue filing fee   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1005   | 160               | 2005   | 80   | Provisional filing fee   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>SUBTOTAL (1)</b> (\$) 750.00  |                   |  |  |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td>4</td> <td>-20** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>=</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: right;"><b>SUBTOTAL (2)</b> (\$) 0.00</td></tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |                   | Total Claims   | 4  | -20** =  |                | x               |                | =               | 0.00     | Independent Claims | 1        | -3** =          |          | x                               |     | =                  | 0.00   | Multiple Dependent                  |     |      |     | x                 |    | =  |     | Large Entity |     | Small Entity     |     | Fee Description           | Fee Paid | Fee Code | Fee (\$) | Fee Code           | Fee (\$) | 1202   | 18  | 2202 | 9    | Claims in excess of 20 |      | 1201   | 84 | 2201 | 42     | Independent claims in excess of 3 |        | 1203  | 280 | 2203 | 140 | Multiple dependent claim, if not paid |    | 1204                                   | 84 | 2204 | 42  | ** Reissue independent claims over original patent |     | 1205                                    | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> (\$) 0.00          |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Total Claims   | 4                 | -20** =  |  | x  |                | =               | 0.00           |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Independent Claims   | 1                 | -3** =   |  | x  |                | =               | 0.00           |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Multiple Dependent   |                   |  |  | x  |                | =               |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Large Entity   |                   | Small Entity   |  | Fee Description  | Fee Paid       |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Fee Code   | Fee (\$)          | Fee Code   | Fee (\$)   |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1202   | 18                | 2202   | 9  | Claims in excess of 20   |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1201   | 84                | 2201   | 42   | Independent claims in excess of 3  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1203   | 280               | 2203   | 140  | Multiple dependent claim, if not paid                                      |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1204   | 84                | 2204   | 42   | ** Reissue independent claims over original patent                         |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| 1205   | 18                | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent                 |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>SUBTOTAL (2)</b> (\$) 0.00  |                   |  |  |  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| <b>SUBMITTED BY</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>Name (Print/Type)</td> <td>Ronald P. Kananen</td> <td>Registration No. (Attorney/Agent)</td> <td>24,104</td> <td>Telephone</td> <td>(202) 955-3750</td> </tr> <tr> <td>Signature</td> <td colspan="2" rowspan="2"></td> <td>Date</td> <td colspan="2">June ____, 2003</td> </tr> </table>  |                   | Name (Print/Type)  | Ronald P. Kananen  | Registration No. (Attorney/Agent)  | 24,104         | Telephone       | (202) 955-3750 | Signature       |          |                    | Date     | June ____, 2003 |          | <b>Complete (if applicable)</b> |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Name (Print/Type)  | Ronald P. Kananen | Registration No. (Attorney/Agent)  | 24,104   | Telephone  | (202) 955-3750 |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |
| Signature  |                   |  | Date   | June ____, 2003  |                |                 |                |                 |          |                    |          |                 |          |                                 |     |                    |        |                                     |     |      |     |                   |    |  |     |              |     |                  |     |                           |          |          |          |                    |          |  |     |      |      |                        |      |  |    |      |        |                                   |        |   |     |      |     |                                       |    |  |    |      |     |  |     |   |    |      |     |  |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |                               |  |